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announce All Greebon con	rrespondence including the below or directed otherwise	Datant advance ord	ders and noti	PUBLICATION FEE (if requification of maintenance fees value anew correspondence address	will be mailed to the curren	t correspondence address as	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Fee(s) Transmittal. The papers. Each additions	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
30593 7590 03/22/2006					5	emission	
HARNESS, DICKEY & PIERCE, P.L.C. P.O. BOX 8910 RESTON, VA 20195				I hereby certify that the States Postal Service vaddressed to the Mai	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
				(Depositor's name)			
•						(Signature)	
						(Date)	
APPLICATION NO.	FILING DATE	FIRST NAMED INV		D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/380,270	08/27/1999	ANDERS		THUREN	104-248P	2398	
	DATA-CONVERSION MET	THOD FOR A MU	LTIBEAM L	LASER WRITER FOR VERY	COMPLEX MICROLITHO	GRAPHIC	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400		\$0	\$1400	06/22/2006	
EXAMINER		ART UNIT		CLASS-SUBCLASS]		
POKRZYWA, JOSEPH R		2625		358-001700			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the nar or agents ((2) the nar registered 2 registere	For printing on the patent front page, list) the names of up to 3 registered patent attorneys agents OR, alternatively,) the name of a single firm (having as a member a gistered attorney or agent) and the names of up to registered patent attorneys or agents. If no name is sted, no name will be printed. HARNESS, DICKEY & PIERCE, P.L.C.			
ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) MICRONIC LASER SYSTEMS AB Taby, SWEDEN Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government							
					2-p		
41. The following fee(s) are enclosed: Solution State Solution State 42. Solution State 43. Solution State 44. Solution State 44. Solution State Advance State Solution State Advance State Solution State Advance State Solution State Advance State Solution State State Solution State Solution State Solution Sta			b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached to charge any remaining The Director is hereby authorized by Marga King King Marga fee(s), or credit any overpayment, to Deposit Account Number 08-0750 (enclose an extra copy of this form).				
a. Applicant claims S	(from status indicated above MALL ENTITY status. See	37 CFR 1.27.		ant is no longer claiming SMA			
The Director of the USPTO NOTE: The Issue Fee and P interest as shown by the rec	is requested to apply the Issu sublication Fee (if required) vords of the United States Pate	ue Fee and Publicat will not be accepted ent and Trademark	ion Fee (if an from anyone Office.	ny) or to re-apply any previousle other than the applicant; a reg	ly paid issue fee to the applic istered attorney or agent; or	ation identified above. the assignee or other party in	
Authorized Signature Typed or printed name John A. Castellano				06/23/6 Date <mark>01-FC:</mark> :	June 22, 2006	1400.00 OP	
					No. 35,094		
submitting the completed ap his form and/or suggestions Box 1450, Alexandria, Virg Alexandria, Virginia 22313-	pplication form to the USPT s for reducing this burden, sl inia 22313-1450. DO NOT 1450.	O. Time will vary nould be sent to the SEND FEES OR C	depending up Chief Inform OMPLETED	to obtain or retain a benefit by illection is estimated to take 12 pon the individual case. Any contain Officer, U.S. Patent and D FORMS TO THIS ADDRESS lection of information unless it	omments on the amount of t Trademark Office, U.S. Dep S. SEND TO: Commissioner	oartment of Commerce, P.O. for Patents, P.O. Box 1450,	